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ACRONYMS

ABC	Abstinence, Be Faithful and Consistent Condom Use
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ARV	Anti-retroviral
ART	Anti-retroviral Treatment
C&T	Care & Treatment
COP	Country Operational Plan (PEPFAR)
CT	Counseling and Testing
EP	Emergency Program (PEPFAR)
GBV	Gender Based Violence
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immune Deficiency Virus
IEC	Information, Education and Communication
JKT	Jeshi la Kujenga Taifa (National Service)
MOHSW	Ministry of Health and Social Welfare
MSD	Medical Stores Department
NACP	National AIDS Control Program
NGO	Non Governmental Organization
NLTP	National Leprosy and TB Program
NS	National Service
OIS	Opportunistic Infections
PAI	PharmAccess International
PITC	Provider Initiated Testing and Counseling
PMTCT	Prevention of Mother to Child Transmission
PLWHA	People living with HIV/AIDS
STI	Sexually Transmitted Infections
TB	Tuberculosis
TPDF	Tanzania Peoples Defense Forces
UCC	University Computing Center
VCT	Voluntary Counseling and Testing

1. INTRODUCTION

The Tanzania Peoples Defense Forces (TPDF) like any other institution in Tanzania has been experiencing an increase in the burden caused by HIV/ AIDS pandemic. Like all uniformed services in the world, the incidence and prevalence of HIV/AIDS is expected to be higher in this institution compared to that in the civilian population.

The TPDF medical services support a total of over 30,000 enlisted personnel and their dependents and civilians living in the communities around the military health facilities. TPDF hospitals do not only service military personnel and their dependents, but also civilians living in the vicinity of the health facilities.

In March 2002, Lugalo, the National Military Referral Hospital in Dar es Salaam started one of the first ART programs in Tanzania, with support of PharmAccess. Care and treatment services at Lugalo have expanded with EP funds since 2004. With FY05 and FY06 funds PAI and TPDF have managed to organize a comprehensive HIV/AIDS prevention program, counseling and testing, PMTCT and care and treatment services in eight military hospitals (Lugalo, Mbalizi, Mwanza, Mzinga, Monduli, Ruvuma, Mirambo, Bububu) and additional six health centers.

All military hospitals and health centers, except Lugalo, Mwanza and Mbalizi, where the Program has been initiated were in a more or less dilapidated state and medical and administrative staff was not prepared for HIV/AIDS services. Renovation of rooms for VCT, PMTCT, Care and Treatment and HIV/TB services, laboratory and pharmacy space and waiting areas was and is sine-qua-non for every new facility in the Program

The FY07 Program has five components:

1. General Prevention
2. HIV Counseling and Testing
3. Prevention of Mother-to-Child Transmission (PMTCT)
4. HIV/AIDS Care and Treatment
5. TB - HIV/AIDS Care for co-infected patients

Additional 'Plus-up' Funds have been approved for:

1. General Prevention
2. Provider Initiated Testing and Counseling (PITC)
4. HIV/AIDS Care and Treatment

Funds for FY07 for the PAI/TPDF Program have become available in February 2008. Plus-up funds have become available in June 2008. The implementation and reporting period for this combined FY07 and Plus-up Program is February 1, 2008 – September, 2009*.

**in line with contract modification W8IXWH-06-1-0351*

1.1 PHARMACCESS INTERNATIONAL (PAI)

PharmAccess International is a Dutch not-for-profit organization dedicated to rapidly expanding access to affordable quality HIV/AIDS care and treatment in public and private health facilities in resource limited regions of the world. PAI currently coordinates HIV/AIDS projects in 25 countries, mainly in Sub-Saharan Africa.

The PAI Tanzania office is established in 2003. In Tanzania PAI supports:

The HIV/AIDS Workplace Program of TPDF, since 2002

The National HIV/AIDS Care and Treatment Program, since 2003

The HIV/AIDS Workplace Program of the Tanzania Police, Prisons and Immigration, since 2007

The Health Insurance Fund Program, since 2009

Key roles of PharmAccess in its support to TPDF are

To provide technical assistance in Program planning and implementation, with clinical, laboratory, M&E and other experts from PAI HQ and from PAI's Tanzania office.

Overall quality assurance and quality control of the clinical, laboratory, administrative and support services, with support and supervision of Lugalo, other military hospitals, CHMTs/RHMTs and regional partner organizations.

To stimulate that all HIV/AIDS trainings and services are in accordance with the curricula and guidelines of the National HIV/AIDS Care and Treatment Program and that all TPDF health facilities collaborate closely with the Regional and Council Health Management Teams.

To channel donor funds, to make sure that funds are spent in a planned and transparent way.

For more information about PharmAccess and its programs see www.pharmaccess.org

2. SUMMARY OF THE YEAR 3 PEPFAR/DOD/PAI/TPDF HIV/AIDS WORKPLACE PROGRAM (FY07, INCLUDING PLUS-UP FUNDS)

The table below presents the five main project components with the major cumulative targets and results for FY07 and Plus-Up Funds for HIV/AIDS Prevention Counseling and Testing, Care and Treatment and HIV/TB Services

	1. Prevention	2. VCT	3. PMTCT	4. C&T	5. TB/HIV
FY07 & PLUS UP TARGETS	42 condom outlets 48 TOTs and 720 peer educators trained, 24 TOTs, 240 trainers and 210 top commanders sensitized on GBV <i>Target population:</i> 30,000 servicemen incl 3,000 recruits, plus 90,000 dependents and 80,000 civilians	8 hospitals, 15 health centers, 81 medical officers and nurse-counselors trained on PITC, 27,000 persons tested for HIV	8 hospitals, 8 health centers, 51 (re-) trained, 3000 tested, 300-350 women on treatment or prophylaxis	8 hospitals, 15 health centers, 4 mobile centers (covering 12 camps) 302 staffs (re-) trained, 4,200 on ART, 1,700 on C&T	8 hospitals, 9 health centers. 66 trained for TB - HIV/AIDS harmonization, 400-500 TB Rx, 1,000 TB – prophylaxis
R E S U L T S	164 condom outlets 48 TOTs and 480 peer educators trained, 24 TOTs, 210 TPDF and JKT trainers trained on ‘life-skills’ for recruits. 210 top commanders sensitized on GBV <i>Target population:</i> More than 200,000 servicemen-women, dependents and civilians reached	8 hospitals, 28 health centers, 48 medical officers and nurse-counselors trained on PITC, 96 for VCT and 24 TOTs for VCT trainings, 72 for dat-entry 72,992 tested for HIV	7 hospitals, 15 health centers, 54 medical officers and nurse-counselors (re-) trained, 5228 tested, 296 women on treatment or prophylaxis	8 hospitals, 28 health centers prepared (15 in FY07; 4 health centers serve as CTC) 192 medical staff, 72, data entry-clerks, 60 HBC workers trained 5070 on treatment (6774 ever)	8 hospitals, 24 health centers prepared (15 in FY07; 2 health centers serve as HIV/TB site) 72 health care workers trained 719 HIV ⁺ on TB treatment, 2216 TB ⁺ tested for HIV 533 on prophylaxis*

* reported. All data reported are from the registers and databases that were put in place in the course of FY07

3 ACTIVITIES

3.1 GENERAL PREVENTION

3.1.1 Objectives

The main prevention objective of the TPDF Prevention Program is to increase the knowledge of HIV transmission in the military population and reduce the spread of HIV/AIDS and gender-based violence among military recruits and service members, by

1. Providing prevention education and condom distribution services to 30,000 military personnel, their dependents and tens of thousands civilians from the surrounding communities surrounding the military health facilities.
2. Equipping all recruits with the necessary knowledge and skills, and provide ongoing access to information and services to prevent HIV/AIDS and GBV among themselves and other youths in and outside the TPDF.

HIV-Prevention activities at the health facilities have been linked, mostly, to counseling and testing and PMTCT activities in support of the continuum of care.

3.1.2 Narrative

As with many militaries in Africa, HIV prevalence among uniformed personnel in Tanzania is estimated to be higher than that of the general population. Continued aggressive measures are needed to address this mostly young and sexually-active portion of the population which represents a high-risk group which can serve as a bridge for HIV transmission to the population at-large. This activity supports ongoing HIV/AIDS prevention efforts to military personnel and to communities surrounding military posts including the military health facilities. Development of prevention materials, specific for the armed forces, peer education, and training of recruits on 'life skills' started under FY05, under 'Other Prevention'. A new element in the current Program is that gender-based violence GBV, funded under AB Prevention, has been addressed through peer-education and 'life-skills' training programs and through sensitization sessions for top commanders.

3.1.3 Activities and results

A*. Development of materials

The TPDF Prevention Taskforce formed under FY05, and FY06 have continued to develop and adapt IEC and 'life-skills' materials, dedicated for the Uniformed Forces.

Plus-Up funds have been granted to address gender-based violence (GBV) in the army. IEC materials and training curricula have been developed in collaboration with EngenderHealth, to integrate GBV in the ongoing peer-education trainings, in 'life-skills' training programs for recruits and in HIV sensitization workshops for high rank commanders.

5000 Decks of cards and two 15 minutes docu-dramas on HIV/AIDS prevention have been produced by the Taskforce in FY06. The cards and 100 copies of the DVDs have been distributed to HQ, all Units, 5 training centers, 8 hospitals and 6 health centers. All health facilities have TVs and DVD decks at the waiting areas.

** the numbers 1 A - 1D correspond with the 'Indicators, Targets and Result's tables at the end of each chapter and with the budget (pages 27-29)*

B. Procurement

1,000,000 condoms have been obtained through USAID/T-Marc and have been distributed to 164 condom outlets, at all of TPDFs health facilities, training centers, detachment and border camps representing the five army brigades, Air Force and Navy.

C. Training

Army personnel and youth under the National Service are stationed in detachment, border and training camps, outside their residential areas for periods, which usually range from 6 to 24 months. HIV/AIDS prevention has been integrated in the curricula of the standard training programs of TPDF and of the National Service. A total of 24 Trainers from 4 TPDF training institutions have been trained as TOTs on HIV life-skills and 280 trainers from camps all over Tanzania have been sensitized and trained to integrate HIV-awareness, 'life-skills' and GBV in the standard training programs for recruits

FY07 funds have supported the (re-) training of 24 TOTs and 480 peer educators, 240 were trained with special focus on GBV. The TOTs and peer educators represent the Army, Air Force, Navy and Intelligence. TPDF HQ has decided that 50% of the peer educators had to be (Administration and Training) Officers (Opto's). Training experience and the capacity to support peer educators in their daily activities are the main selection criteria for the officers

All recruits have been tested for HIV and are HIV-negative at entry. 24 trainers of recruits have been trained as TOTs to integrate HIV/AIDS 'life-skills' including GBV, in the standard training curricula for recruits. HIV-awareness thus becomes part of all training activities for recruits.

210 high rank commanders and administrators from the Brigades and Units have been sensitized on HIV/AIDS and GBV in seven one-day meetings (TPDF HQ, Air Defence/Navy, Zanzibar, Songea, Arusha, Dar es Salaam).

A total 160 women from women groups from the barracks near the TPDF hospitals and camps have been trained to advocate HIV testing, provide HBC services and nutritional support. GBV is part of their training program.

Pre- and post-training tests have been used to score the effect of all training and sensitization workshops. The tests, like the curricula from the training programs have been developed by NACP/MOHSW, in collaboration with the Partner organizations. Tests from NACP/MOHSW have been used (rather than KAB-surveys) to stay in line with the National Care and Treatment Plan of Tanzania.

D. Implementation

All military hospitals in Tanzania provide free services to all servicemen, their dependents and, for a nominal user fee, to civilians living in the communities surrounding these hospitals. Services were below standard but have been scaled-up after extensive refurbishments, training of staff and supply of medication, laboratory assays and other basic materials through this Program. Eight military hospitals have organized 16 so-called Open-House activities and have participated in large public events like Saba-Saba and Nane-Nane to advocate HIV prevention, promote HIV-screening and pay attention to GBV through drama and music performances and speeches from commanders, civilians and PLWHA.

Purpose of the 'Open-House' days is that the community around each hospital is informed about the improved HIV/AIDS services of the hospital. Secondly that information about the risks of HIV transmission and preventive measures is shared with the community, through drama, music, speeches by PLWHA, District or Regional Health Managers, medical staff from the hospital, etc. Free HIV testing is offered at the occasion. 400-1500 persons are tested per day. So far all sites have organized two 'Open-House days'.

Discussion on targets and results of HIV-prevention activities

This Program targets all 3,000 recruits, 30,000 military personnel, 90,000 dependents and tens of thousands civilians living near the military camps and hospitals. Total targeted is more than 200,000. Quantification and impact of the ongoing prevention campaigns is still not very clear and discussion on the numbers reached and the numbers that can be counted are ongoing. We wish to highlight the following TPDF prevention activities as examples to show that it not always clear how many persons are reached in a specific period in time.

1. All persons who come for HIV-screening are extensively counseled on HIV prevention.. The counselors have been trained for that purpose. All CT and Care and Treatment sites are equipped with TVs and DVD decks. HIV awareness films are played there more or less continuously, reaching hundreds of patients of the TPDF clinics per day.
2. 5000 decks of cards with HIV prevention messages have been distributed and will not only be used in FY07.
3. 480 peer-educators and 48 trainers of recruits have been trained in FY05- FY07. The TOTs and peer educators continue their HIV-prevention campaigns through the years
4. Top commanders from all Units have attended HIV-awareness workshops and HIV-prevention has become part and parcel of their speeches whenever they attend the facilities and camps in their Region.
5. Once or twice per year eight military hospitals organize so-called 'open-house' days where the surrounding communities are informed about the risks of HIV and AIDS through drama, music and speeches by commanders and PLWHA. Thousands of spectators come to these events, hundreds go for testing

3.1.4 Indicators, targets and results

1. Prevention Targets and Results		FY07	Plus-up	Results
Activity A: Development, distribution of life skills and IEC materials				
	Development, Kiswahili translation and printing of prevention materials, including peer education modules and other training curricula by the TPDF Prevention Taskforce	IEC, Life skills	Gender Based Violence	Done
Activity B: Commodity procurement				
	Condom outlets	36	6	164
Activity C: Training and sensitization				
C1	(Re-) training for TOTs on peer education	24		24
C2	Training of peer educators	480		480
C3	(Re-) training for TOTs on peer education incl. GBV		24	24
C4	Training of peer educators incl. GBV modules		240	240
C5	Training of TOTs on HIV/AIDS 'life-skills' including GBV for recruits		24	24
C6	Sensitization on HIV/AIDS and GBV for top commanders of the 5 Brigades, Air Defense and Navy		210	210
C7	Training of women from the barracks around the camps and health facilities to advocate HIV testing, home-based care. GBV is an integrated part of the training		160	160
Activity D: Implementation, TA and supportive supervision				
D1	Open-house days	8	8	16

3.2 HIV COUNSELING AND TESTING

3.2.1 Objective

The objective of the FY07 and Plus-up funding is to expand VCT and PITC services to eight hospitals (Lugalo, Mbalizi, Mwanza, Mzinga, Monduli, Mirambo, Ruvuma and Bububu), fifteen health centers and four mobile centers, covering 16 military camps.

3.2.2 Narrative

In rural areas most TPDF health facilities have a large catchment area. Eight TPDF hospitals and six health centers had already started counseling and testing services at the start of FY05/ For reasons of durability and continuity of care it has been agreed with TPDF HQ that as many as possible other health centers and dispensaries be prepared for counseling and testing and for future care and treatment services, rather than using mobile centers. Mobile centers provide only VCT and possibly other HIV-related services. The refurbished facilities will be more used for continuous HIV-services *and* for non-HIV care.

Provider Initiated Testing and Counseling is introduced in all sites

The health centers receive supportive supervision from the medical staff of the nearest by TPDF hospital. As such the health centers are also referred to as satellite sites.

A. Refurbishments

In FY07 the number of TPDF health facilities providing HIV counseling and testing services has increased from 14 to 36. 22 TPDF health centers/satellite sites have been renovated, furnished and equipped for counseling and testing services. That is 13 more than planned, partially because the period of implementation has been extended from 12 to 19 months (February 2008 – September 2009). Some sites needed little investment in infrastructure, so that the costs of refurbishments remained within the total FY08 budget.

B. Procurement

Refrigerators, cabinets, furniture, cool boxes, lockable cabinets and PC's have been procured for 22 new facilities in the Program

Test kits (if not provided by MSD), other laboratory consumables and office supplies have been procured for 36 hospitals and health centers.

C. Training

96 staff (69 from the facilities starting in FY07) have been trained on VCT and 48 from all sites have been trained on PITC; all trainings following the curricula from the MOHSW and NACP.

24 of the VCT trainees, those with the best training scores have been trained as TOTs for future counseling and testing trainings in TPDF. Since then, facilitators for the CT trainings are a mix of facilitators appointed by NACP and TOTs from TPDF.

D. Implementation

Site assessments took place and strengthening plans have been made for all new health centers and supportive supervision was done by teams of TPDF (HQ or Lugalo), PAI (projectmanager, laboratory and M&E specialists) and representatives from the R/DHMTs

In FY07 all sites have been equipped with computers and databases and two data-entry clerks per site have been trained. Data from APR 2009 are therefore more accurate (because of double counting of paper based data-collection in Year 1 and 2) than data from APR 2008 (although some sites may have a backlog in data-entry).

3.2.3 Results

The VCT target for FY07 was 27,000. The total number of persons tested for HIV in the reporting period (February 2008 = September 2009) was 72,992 (22,749, according to SAPR and APR 2008 plus 50,243, APR 2009)

3.2.4 Indicators, targets and results

II. Counseling and Testing Targets and Results		FY07	Plus-up	Results
Activity A: Infrastructure				
A1	Refurbish health centers /satellite sites	3	6	22
A2	Procure and equip mobile centers for outreach services	2		0
Activity B: Commodity procurement				
B1	Refrigerators, cabinets, furniture, cool boxes, lockable cabinets, PC's, tents and additional items for health centers and mobile centers	3	6	22
B2	Annual revolving purchases, including HIV and STI test kits and office supplies for 8 hospitals and health centers and mobile centers	17	6	36
Activity C: Training				
C1	(Re)train clinic staff in PITC (3 per site/mobile center)	63	18	48
C2	(Re-)train new clinic staff in VCT (4 weeks)		40	96
C3	Train PLWHA on HIV/AIDS counseling and testing (1 per site)		23	Not done (yet)
C4	Train staff on data-entry and data-handling (2 per site/mobile center)	42	12	72
Activity D: Implementation				
D1	Site assessments and supportive supervision of military health facilities	17	6	36
D2	Relate military health centers to nearby military, regional or district hospitals for referral of CD4 testing of HIV+ persons	17	6	36
D3	Travel, per diems, car maintenance of mobile centers	X	X	Done
D4	Additional technical assistance by experts from DOD, PAI and Partner Organizations	X	X	Done
D	Number of persons screened for HIV	25,000	2,000	72,992

3.3 PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT)

3.3.1 Objective

The objective of the FY07 Program is to reduce HIV transmission to infants born in TPDF hospitals in Lugalo, Mbalizi, Mwanza, Mzinga, Monduli, Mirambo, Ruvuma, Bububu and eight health centers/satellite sites, including Mwenge MCH Center

In FY07, it was anticipated that a total of 3,000 pregnant women would be counseled and tested, of whom 300 -350 were expected to test positive and receive full prenatal and delivery PMTCT services, including ARV treatment or prophylaxis.

3.3.2 Narrative

Expansion of PMTCT activities in FY07 was set-up to ensure a close linkage of military implementation to national strategies and programs supporting MOH goals to include more and more health centers to provide this service to 80% of the projected HIV positive mothers by 2008. See also Page 10 A-B

A. Refurbishment

PMTCT activities started in FY06 at all TPDF hospitals, excluding Bububu, and at Mwenge's MCH clinic in Dar es Salaam. In FY07 all PMTCT activities of Lugalo have been taken over by Mwenge MCH. FY07 funding has supported construction or renovation of counseling and delivery rooms at Bububu hospital and 14 health centers. In FY07 PMTCT services are provided by a total of seven TPDF hospitals (excluding Lugalo) and 15 health centers. HIV test kits, NVP and other ART have been provided through MSD and MOHSW.

B. Procurement

FY07 funding has supported procurement of refrigerator, lockable cabinet HIV for 15 new facilities, STI test materials, protective safety gear and other consumables, including infant feeding, for all twenty-two sites and generators for three sites.

C. Training

54 medical officers, midwives and nurse counselors had a 2 weeks initial or refresher PMTC training. Part of the training is focused on efforts to increase partner testing.

At least three health care workers per hospital and per new health center were trained 5 days for PITC.

Two data clerks per site have been trained for electronic data-entry

D. Implementation

PMTCT services in all TPDF health facilities include PITC through individual and group counseling. Those testing negative have received primary prevention counseling. HIV positive mothers receive post-test "prevention for positives" counseling and information on care and treatment services. HIV positive mothers have been provided with infant feeding counseling options. Those choosing for breastfeeding are counseled to exclusively breast feed with early weaning.

HIV-positive pregnant women have been encouraged, with limited effect, to bring in family members, especially partners, for counseling and testing at either the ANC or the hospital's CT center.

Eight hospitals and only two TPDF health centers (Mgulani, Dar es Salaam and JWTZ Majimaji in Lindi) have been approved by the MOH to start ARV services in FY07. Twelve refurbished and trained health centers wait for approval from the D/RHMTs to start ARV treatment.

HIV-infected pregnant women attending the TPDF hospitals and these two health centers provide ARV treatment and prophylaxis according to MOH and WHO guidelines. The number of women on ARV treatment at the TPDF sites is somewhat lower than targeted because women attending twelve PMTCT sites are referred to other clinics when they need treatment. HIV-infected pregnant women attending these twelve health centers are referred for TB treatment and ART etc to the nearby Military, Regional or District Hospitals. Close collaboration with the Regional and District hospitals is strongly advised by PAI, for the hospitals and even more so for the health centers.

PAI works with the MOHSW in rolling out the revised PMTCT M&E tools to all TPDF sites in the Program. PAI supports the military facilities to collect and report PMTCT data based on the national protocol. Data are collected electronically and paper-based. All sites use the paper based M&E system developed by MOHSW. All sites now have desktops with a database and output functions as developed by UCC for the National C&T program. Data clerks from all sites have been trained. Data are provided to NACP and PEPFAR for reporting purposes.

All sites have been assessed and visited for supportive supervision and quality assurance purposes by teams of specialists from TPDF, PAI Tanzania and PAI HQ and representatives from the R/DHMTs.

Data-collection is work in progress. The shift from paper-based to electronic data-collection has led to more accurate data and *thereby*, in APR09, to a decrease in the numbers of pregnant women tested and women on prophylaxis compared with APR08: in APR08 Lugalo reported 1,451 Mbeya 2,001, Monduli 891 Mwenge MCH 2,631 and Ruhuwiko 510 pregnant women tested. In SAPR09 the numbers went down to 0, 243, 320, 336, and 120 respectively.

3.3.4 Results

The number of TPDF/PMTCT sites has increased from seven hospitals and one health center (Mwenge MCH) in FY06 to seven hospitals and fifteen health centers in FY07. The number of pregnant women tested for HIV is 5228, number of women on prophylaxis and other treatment is 296. The numbers are lower than in FY06 and lower than expected for the whole reporting period of 18 months. This is caused by two factors:

1. A poor recording system in FY06: counter books were used in FY06 and part of FY07. Instead of the PMTCT registers which are now in use. Counting from the counting books was done manually and return visits were often counted as new cases.

A proper recording system at the PMTCT sites was set-up in August 2008. Data clerks have since then been trained to fill in the National PMTCT registers. The recording system is still manual, but double counting is controlled by doing monthly checks of the registers.

2. All sites needed extensive renovation, training of staff and approval of the MoHSW to provide ARV's. Prophylactic and other treatment services have therefore started only very recently in the new sites. Many HIV-positive pregnant women have been referred to nearby Regional and District hospitals for follow-up care and treatment. These women have not been counted by this Program

Mwenge's PMTCT activities were strongly reduced because of renovations from October 2008 until March 2009. After renovation Mwenge MCH clinic serves as the National Referral clinic for MCH, PMTCT and Pediatric care. In APR08 Mwenge reported 2631 cases. With SAPR09 the number went down to 336. Thereafter numbers went up again to 1,406, according to APR09

3.3.5 Indicators, targets and results

Prevention of Mother-To-Child Transmission			
Activity A: Infrastructure of hospitals and Health Centers		Targets	Results
	Refurbish three satellite sites for PMTCT purposes	8	15
Activity B: Commodity procurement			
	Furnish three satellite sites for PMTCT purposes, including a refrigerator, small generator, lockable cabinet	8	15
	Annual revolving purchases for PMTCT centers, including HIV and STI test-kits, safety gear and condoms for all PMTCT sites	16	22
Activity C: Training			
	Train 51 medical officers, nurse counselors and midwives on PMTC and PITC	51	54
Activity D: Implementation			
	HBC, home-visits, post-test clubs and social support activities		started
	Relate military health centers and camps to nearby Military, Regional or District Hospitals for referrals and testing (clinical, Elisa, CD4 and other)		started
	Technical Assistance by prevention experts from DOD, PAI and Partner Organizations for Quality Assurance purposes		Done
	Nr of pregnant women counseled and tested (APR09)	3,000	5228
	Number of pregnant women on prophylactic treatment (APR09)	300-350	296

3.4 CARE AND TREATMENT OF PLWHA

3.4.1 Objective

The objective of the TPDF Care and Treatment Program is to increase the number of PLWHA in military population and people living in the vicinity of military medical facilities that have access to continuum of care & support – at home and in their community at Lugalo, Mbalizi, Mwanza, Mzinga, Mirambo, Monduli, Ruvuma, Bububu Military Hospitals, three health centers, including Mwenge Maternal Child Health Center, and 2 mobile units.

Plus-up Funding:

Six health centers and two mobile centers to be added to the Program to total of eight hospitals, 9 health centers and four mobile centers

3.4.2 Narrative

Tanzania is a vast, not densely populated country. With 200 hospitals providing HIV/AIDS services, distance is a major obstacle to test people and to enroll all HIV positive patients who need care and treatment. In rural areas cost of travel are an important factor for non-enrolment or non-compliance. NACP has proposed to add 700 health centers to the 200 HIV/AIDS hospitals in the country, to bring counseling and testing and care and treatment services closer to where patients live. The increase from 13 to 36 TPDF VCT clinics (see above) is in accordance with the policy of the MOHSW to increase the number of hospitals and health centers in the National Care and Treatment Program.

The Tanzanian Peoples Defense Forces (TPDF) initiated one of the first ART programs in Tanzania in March 2003 at Lugalo Hospital. In 2004 the National HIV/AIDS Care and Treatment Program started with 32 hospitals, including Lugalo Hospital. In FY05 and FY06 TPDF initiated Care and Treatment services in six additional military hospitals (Mbalizi, Mwanza, Mzinga, Monduli, Ruvuma, Mirambo). Under FY05 and FY06 the focus of the TPDF Program was on refurbishment of infrastructure and training of staff. Under FY07 the focus has been on preparation of health centers for care and treatment and quality assurance of clinical and laboratory services at all sites.

A. Refurbishments.

Extra counseling rooms for care and treatment have been refurbished at Lugalo, Mbalizi and Songea Military Hospital and Mwenge MCH. Fifteen additional TPDF health centers have been renovated and equipped for basic care and treatment services, including routine laboratory functions (malaria, stool etc), instead of the nine health centers and four mobile centers that were planned. Most TPDF health facilities, especially in the rural regions, have a large catchment area. Almost in all cases these clinics are the only health care provider in a radius of 30 – 100 kilometers. For reasons of continuity of care it has been agreed with TPDF HQ to prepare more health centers, rather than mobile centers. Mobile centers are useful to offer VCT services but do not guarantee continuity of care and treatment services at any time needed.

B. Procurement

Incubators or safety cabinets have been installed at Lugalo, Mzinga, Mbalizi, Songea and Monduli military hospitals. Semi-automated biochemistry equipment has been replaced by fully automated equipment in Mbalizi and Mwanza. Mzinga, Mirambo and Ruvama military hospitals started CD4 testing in FY07.

All sites order ARVs, HIV test kits and OI drugs from MSD. ARVs have always been provided by MSD, but provision of OI drugs is at best, inconsistent, not guaranteed. Drugs for opportunistic infections, including prophylactic fluconazol, ciprofloxacin and clarithromycin have been provided to the eight hospitals and the two ARV providing sites in case MSD did not deliver. (Other annual revolving purchases for all sites, include safety gear (gloves, materials for safe disposal of sharps and other wastes) and condoms (local purchase, after approval by PAI).

Lugalo, Mbalizi and Mwanza Military Hospital provide infant feeding and other nutritional supplements, organized by matrons and nurses at the clinic in collaboration with women of servicemen living in the barracks surrounding the health facilities.

C. Training

130 health care workers from all TPDF hospitals and health centers have been trained on CTC services, 26 on pediatrics and 26 laboratory and pharmacy staff on stock management. 16 health care workers with the best test results at the end of the CTC trainings have been trained as TOTs for CTC training. CTC trainings for the satellite sites have been facilitated by these TOTs and by trainers appointed by the MOHSW.

60 Matrons, nurse counselors and women/volunteers have been trained on HBC, nutritional and social support services.

26 staff have been trained on data-entry and data-handling. All trainings use the NACP curricula and trainees receive certificates signed by the MOHSW/NACP. .

D. Implementation

Seven military hospitals had started ARV treatment before 2008. Only Bububu hospital and TPDF health centers in Lindi and Dar es Salaam have actually ARV treatment in FY07. Start of ARV treatment in thirteen health centers awaits approval from the MOHSW. TPDF hospitals and health centers are under the administration of Ministry of Defence, not under the MOHSW. All health facilities in Tanzania, including the TPDF-sites need approval to provide ARVs from the DMO and RMO in their respective District or Region. Renovation and the approval process took longer than expected. Before renovation most of the TPDF clinics were in very poor condition and hardly functioning. Approval to provide ARVs only comes after several assessment visits by RHMT teams. We expect that 13 health centers will provide CTC services by the end of 2010.

Home based care and social support

60 Matrons, nurse counselors and women living in the barracks of Lugalo, Mbalizi and Mwanza military hospitals have been trained as volunteers/ HBC providers for PLWHA to establish HBC services, home-visits, establish post-test clubs and provide nutritional support. The women volunteers operate as care providers within the barracks. No NGO or other private social support organization or social support organization is allowed to work/operate within the military barracks.

So far, only Lugalo and Mbalizi hospital have established collaboration with local NGO's, including Pasada, to provide HBC and other support functions for civilians living outside the barracks.

Pediatric Care and Treatment

The number of HIV⁺ children under care and treatment lags behind the 10% target of the MOHSW. HIV⁺ infants from most TPDF hospitals and from all health centers are usually referred to the nearest District, Regional or FBO Hospital for pediatric follow-up, for cotrimoxazole and for serologic diagnosis. It is expected that the numbers of children on care and treatment in the TPDF Program will increase with the introduction of early infant diagnosis options and improved pediatric services at the CTCs of the eight TPDF hospitals and at Mwenge MCH. Staff of these facilities have already been (re-) trained for this purpose.

Mwenge MCH, located three kilometer from Lugalo Hospital, was under renovation and will be the first TPDF health facility with a dedicated pediatric department. Mwenge MCH will then serve as the national TPDF pediatric referral and training center, under supervision and support of Lugalo Hospital.

Linkage with R/DHMTs

All TPDF hospitals and health centers in the Program now collaborate closely with the nearby Regional, District, FBO and/or TPDF hospital. At first collaboration was sought to refer complicated patients and to refer for diagnostics that the TPDF sites could not deliver. Most Regional and District hospitals however are overburdened and are more than happy to refer patients back once they trust that the TPDF sites are fully functioning. This (back-) referral has led to a stark increase of patients at Mbalizi, Songea, Mwanza and Tabora Military Hospital. Over time we expect that the same will happen with all TPDF hospitals and health centers in this Program.

3.4.3 Results

	New on treatment	Ever on treatment	On treatment at the end of the reporting period	Comment
APR 07	2881	4384	3773	Paper-based data collection
APR 08	1517*	4629	3175*	*Start electronic datamanagement
APR 09	2145	6774	5070	Results at end FY07, September 2009
Target 07	2100	5100	4160	
Target 08*	1500	5700	5000	*Target was 33 facilities providing ARVs
Workplan	2050	6500	5700*	*Target was 33 facilities providing ARVs

The following issues need further clarification:

1. FY07 ended in September 2008 for most PEPFAR funded programs and FY08 ended September 2009. The PEPFAR/DOD/PAI/TPDF HIV/AIDS program started in February 2006 with FY05 funding. The FY07 budget was closed in September 2009. It is somehow arbitrary to compare the September 2009 results of the TPDF Program with the F07 or with the F08 targets. We therefore present both options

2. CTC2 data are now collected electronically. All TPDF health facilities have trained staff and PCs with databases and output functions, developed by UCC for the National C&T program. Some sites may still have a back-log in data-entry of historic data but we take it as given that data from APR09 are more accurate than data from reports before.

Comparing APR08, SAPR09 and APR09 data we recognize that the numbers of ‘patients on treatment’ have not always been consistent.. A major reason for the inconsistency is that TPDF hospitals and health centers have moved from self-reporting (from registrar books and CTC2 cards) to electronic data-handling, starting in 2008. Double counting and counting of patients who no longer attend the hospital are the most common factors that lead to over-reporting when data-collection is paper-based. The decrease in numbers from APR07 to APR08 can be explained by this over-reporting in FY07.

On the other hand, part of the increase in APR09 numbers, compared with APR08, can be explained by the urge of the PAI and TPDF M&E team to the staff at the sites to be more accurate in data-handling: better filing systems and better flow of patient cards to prevent back-logs in data-entry. Data related to the numbers of patients on treatment are not only collected through CTC cards but also from the pharmacy files. All patients collect ARVs once per month. Not all patients see the clinician and not all clinicians fill-out the CTC forms at every visit.

Data are now used for patient- and program monitoring purposes. Data (-reports) are provided to Regional and District Health Management Teams, NACP and OGAC for reporting purposes, data reviews, data- presentations at conferences, workshops, stakeholder meetings etc

3. Although the number of ARV providing sites is far below the targeted number of sites, the numbers of 'new patients', 'patients ever on treatment' and 'patients on treatment at the end of the reporting period' are higher than the FY07 and the FY08 targets.

The increase in the number of patients currently on ART can partially be explained by increased HBC efforts to retain patients who were lost to follow-up back to clinics

Many patients have transferred in (TI) from non-TPDF sites, most probably due to improved services. Most TPDF sites are less hectic and have shorter waiting times than most District and Regional Hospitals

All HIV-positive patients from most of the TPDF health centers are referred for follow-up at ARV providing District and Regional Hospitals. Referred patients are not counted for this Program. We expect that the numbers of patients on treatment in the TPDF program will increase significantly as soon as the health centers get approval to function as CTC

All sites have been assessed and visited for supportive supervision and quality assurance purposes by teams of specialists from TPDF, PAI Tanzania and PAI HQ and representatives from the R/DHMTs.

3.4.4 Indicators, targets and results

IV. Care and Treatment Services		Target FY07	Target Plus-up	Result
Activity A: Infrastructure)				
A1	Refurbish health centers for Care and Treatment purposes	3	6	15
A2	Procure and equip mobile centers	2	2	0
Activity B: Commodity Procurement				
B1	CD4 equipment for: Mzingo, Mirambo and Ruvuma hospital	3		3
B2	Fully automated biochemistry equipment for Mbalizi, Mwanza hospital		2	2
B3	Procurement of safety cabinets and other laboratory equipment For Lugalo, Mzingo, Mbalizi, Songea & Monduli		5	5
B4	Refrigerators, cabinets, furniture, cool boxes, lockable cabinets, PCs, printers (plus tents and additional investments for mobile units)	3	6	15
B5	Annual revolving laboratory purchases for hospitals, health centers and mobile units	24	6	36
B6	Drugs for Opportunistic Infections	24	6	12
B7	Infant feeding and other nutritional support	27		12
B8	PC's, Printers, UPSs and internet connection per site	3	6	36
B9	Office supplies and maintenance costs (electricity, water, cleaning, repairs)	21	6	36
Activity C: Training				
C1	(Re-)Train medical officers, nurse counselors, laboratory technicians, pharmacy-assistants from all hospitals, health centers and mobile centers	222	30	192
C2	Train staff in data-entry (2 from each site)	42	12	72
C3	Train volunteers for HBC, nutritional support and other support functions	80	24	60
Activity D: Implementation				
D1	HBC services, home-visits, establish post-test clubs and peer-group support sessions for PLWHA	11		11
D2	Extra-time allowance	1	3	1
D3	TA by care and treatment experts from DOD, PAI and Partner Organizations for Quality Assurance purposes	X	X	Done
Numbers of Patients				
	Number of service outlets providing ART (incl MTCT+)	36	6	12
	Number of individuals initiating ART in the reporting period	1,800	250	2145
	Number of individuals who ever received ART	6,300	250	6774
	Number of individuals receiving ART at the end of the reporting period	5,500	200	5070

3.5 TB-HIV/AIDS CARE & TREATMENT FOR CO-INFECTED PATIENTS

3.5.1 Objective

The objective is to improve diagnosis and treatment of TB/HIV co-infected individuals, to include identification of HIV positives among individuals attending TB clinics and diagnosis and treatment of TB among HIV positive patients attending ART clinics in eight military hospitals and in the health centers with an ongoing TB/DOT Program. Other health centers screen HIV-positive persons and refer suspect TB cases to TB/DOT treatment facilities.

It was estimated that, by the end of FY07 400-500 patients require treatment for clinically-overt TB illness, and that 1200 HIV⁺ receive cotrimoxazole prophylaxis. It was also anticipated that 1,000 individuals attending TB clinics at TPDF facilities undergo counseling and testing for HIV. These patients have to be referred to the associated CTC for evaluation for ART eligibility.

3.5.2 Narrative

TB-HIV/AIDS Care and Treatment for co-infected patients is initiated under this Program in FY06. Eight military hospitals and two health centers have an ongoing DOT-TB program monitored by the Regional Medical Officer, in line with the guidelines of the National Tuberculosis and Leprosy Programme (NTLP) and the Ministry of Health and Social Welfare (MOHSW).

The first assessments of the TPDF sites that provide DOT-TB services have learned that capacity and infrastructure for HIV/AIDS/TB care and treatment services are sub-standard in all TPDF hospitals and health centers, except Lugalo. In the other health facilities HIV testing of TB+ patients was done on the basis of symptoms only and HIV+ persons were only tested for TB when there are strong indications of TB infection.

Lugalo Hospital has been far ahead compared with the seven regional TPDF hospitals, in terms of numbers of patients, referrals and quality of TB and HIV/AIDS services. An active referral policy between the TB, CT- and CTC-units has been initiated there. All TB+ patients are counseled to be tested for HIV since 2006, and all new HIV+ persons at the CTC are screened for TB.

Training of staff of the TB-units and the CTCs and refurbishment of counseling rooms and safety measures at laboratories have been priorities under the FY06 and the FY07 program.

A Refurbishment

PEPFAR/DOD started to support HIV/TB activities in eight TPDF hospitals in FY06. From February 2008 until September 2009 24 health centers /satellite sites have been assessed refurbished and equipped for TB (laboratory) diagnostics and safety measures: dedicated, well ventilated laboratory space and well ventilated waiting areas. Refurbishment has been done at the same time that refurbishment of VCT and CTC took place.

A container with rooms for counseling of TB patients and a room for TB diagnostics was installed at Lugalo.

B Procurement

Microscopes, safety gear, test kits and X-ray films have been provided to a total of eight hospitals (in FY06) and 24 health centers (FY07) according to the needs, and only when MSD did not deliver. Cotrimoxazole, INH and X-ray films (for Lugalo and Mwanza Military Hospital) are obtained from private providers in case of stock-out, as is often the case when depending on NTLP/MSD (Only Lugalo and Mwanza Military Hospitals have X-ray equipment). All sites in the Program have been equipped with desk-tops, modems and internet connection.

C. Training

78 Medical officers and nurse counselors have been trained on PITC and on referral from the TB-Unit to the CTC or to the nearest by Regional, District, FBO or Military Hospital. HIV-infected persons were referred to these hospitals for follow-up services, in case of any suspicion of co-infection with TB.

In January 2009 at least one medical officer of the eight hospitals and the 24 health centers had a specialized training on X-ray reading. The 5-day course was developed and facilitated by ICAP and PAI. After the training, patients are no longer referred to the nearest-by hospital for follow-up services. Patients are now sent to X-ray providing hospitals and come back to the TPDF site with their X-ray for follow-up. .

46 laboratory technologists have been trained on HIV and TB diagnostics with special attention for safety measures.

Two data-entry clerks and one M&E officer from all sites have been trained. The M&E officer is trained to look after the data-flow at the site.

D. Implementation

Intensive case finding started after the HIV/TB training in PITC and HIV/TB trainings at the start of February and March 2008.

PharmAccess has provided technical support and management assistance to ensure that TB/HIV activities have become routine part of the service package. Clinicians, nurses and laboratory technicians from Lugalo, the National Military Referral Hospital serve as the coordinating and training facility for HIV/TB services and oversee quality assurance following national standards.

Routinely now all PLWHA who are accessing CTC or other entry points such as VCT or PMTCT are screened for TB with the National TB-screening' tool.

All sites have been assessed and visited for supportive supervision and quality assurance purposes by teams of specialists from TPDF, PAI Tanzania and PAI HQ and representatives from the R/DHMTs.

3.5.3 Results

	TB patients tested for HIV	Number of HIV ⁺ on TB treatment
APR 08	299	425
APR 09	2183	599
Feb 08 – Sept 09	2216	719

Electronic data-entry has been organized for all CTCs, in collaboration with the University Computing Center of Dar es Salaam and NACP/ MOHSW, in agreement with TB/HIV reporting obligations. Data from APR 2009 are more accurate than data from the paper-based APR 2008 data.

3.5.4 Indicators, targets and results

	V. TB/HIVAIDS harmonization	Targets	Results
	Activity A: Renovation		
A	Refurbish health centers for HIV/TB purposes	3	15
	Activity B: Commodity procurement		
B	Procurement of laboratory diagnostic equipment, safety gear and consumables for TB	8	24
	Activity C: Training		
C	Train 48 medical officers and nurse counselors on HIV/AIDS and TB screening and treatment, according to the guidelines of the NACP TB Unit and the National TB and Leprosy Programme (NTLP).	48	48
C	Train medical officers and nurse counselors from the Health Centers on TB diagnostics and referral	18	24
	Activity D: Implementation		
D	Number of military hospitals providing clinical prophylaxis and/or treatment for TB to HIV infected individuals (diagnosed or presumed)	8	10
	Number of HIV infected clients attending HIV care/treatment services that are receiving treatment for TB disease	400-500	719
	Number of HIV infected clients given TB preventive prophylaxis	1200	
	Number of TB positive individuals who received counseling and testing for HIV and received their test results at TB service outlets	1000	2216
	Technical Assistance by prevention experts from DOD, PAI, D/RHMTs for Quality Assurance purposes		done

4 CHALLENGES AND THE WAY FORWARD

Major challenges of the program are:

- A. Leadership. Servicemen-and women are expected to be healthy and traditionally 'health' is not a priority issue for top commanders. However, buy-in from the management at TPDF HQ and at the Units is key to the success of any HIV/AIDS workplace program. Buy-in is necessary for program planning purposes including selection of new health facilities providing VCT, care and treatment services, to appoint or transfer of staff of the clinics, to advocate HIV prevention and overcome stigma throughout the ranks.
Solution: Management team and awareness campaigns for top commanders.
HIV awareness and stigma reduction campaigns for top commanders have been planned
- B. Lack of qualified staff and transfer of trained staff to health facilities that are not (yet) part of the Program. The challenge has become bigger with the increase of health facilities in the Program. Training of staff is needed more or less continuously. Transfer of staff is to be coordinated with the Office of the Chief of Staff.
- C. The overall increase in the number of lost-to-follow-up patients (see page 19) is of concern, as long as the reasons for this increase are not clear. There may be various good or bad reasons for high lost-to-follow-up rates. Reasons may be that many patients still start at a late stage of HIV-infection, which leads to high death rates, bad quality of services, which also leads to high death rates or to patients attending other clinics, or the increase in the number of lost-to-follow-up is associated with the increase in the number of ART sites which makes that treatment is now available nearer to where patients live.

Outcome of a quick, preliminary inventory and an effort to trace lost-to-follow-up cases in two military sites (Mbalizi and Lugalo) indicate that the rapid increase in treatment sites is the most common reason for patients to switch sites and the most plausible reason for lost-to-follow-up. More accurate data-handling, follow-up of patients who do not come back to the facility where they used to get their ARVs (by phone or through home visits is needed. HCW and HBC providers will be trained for this purpose and sites receive funds for transport, communication and home-visits

- D. Military health facilities have very limited or no experience in working with NGO's focused on social support of HIV/AIDS patients, orphans a.o. Mobilizing women groups /volunteers from the barracks around the clinics has been proven successful in the Police Force. HBC training and –activities by these women groups from the TPDF barracks has started. Outreach to civilian patients requires collaboration with external NGOs and is still a major challenge.
- E. Research. Although the TPDF HIV/AIDS Program offers a good opportunity to do cohort studies related to improvement of HIV/AIDS prevention and care and treatment, no research has been done so far. The focus of the first four years of the Program was on quantity (many persons tested and on treatment). Now that thousands of servicemen and civilians are on treatment, time has come to do (operational) research to improve the quality of services. The climate to do research in the army setting has improved with the appointment of the new Chief of Medical Services (former Director of Science and Technology). Discussions about topics for research have started with Walter Read, NIMR and the Institute for Communicable and Poverty-related Diseases (in Amsterdam) have started.

5. PROJECT COORDINATION

Up to mid 2008 coordination of the Program was organized in close collaboration with the coordinator for HIV Prevention (col. Bigambo) and the coordinator for Clinical HIV/AIDS Affairs (col Mwanjela), both based at Lugalo, the National TPDF Referral Hospital in Dar es Salaam. A major change in leadership at TPDF took place when Major General, professor Kohi was appointed by president Kikwete, to become the Chief of Medical Services (CMS). Prof Kohi is based at TPDF HQ. He has appointed three directors: Director Medical Services (DMS), Director Medical Administration (DMA) and a Director for Nursing Affairs. A Director for Preventive Services will be appointed. Preventive services are now under the DMA

Planning of activities is now done through:

- A Three monthly meetings at TPDF HQ with the CMS, the DMS, the DMA, dr Bigambo and dr Mwanjela, the DOD Country Director, the PAI Program Director and the PAI /TPDF Project Manager
- B Monthly Project management meetings at TPDF HQ with the DMS, the DMA, dr Bigambo and dr Mwanjela, the DOD Country Director, the PAI Program Director and the PAI /TPDF Project Manager
- C Three monthly meetings with representatives of all participating health facilities, the CMS, the DMS, the DMA, dr Bigambo and dr Mwanjela, the PAI Program Director, the PAI /TPDF Project Manager and representatives from the R/DHMTs. The meetings are rotating: every time at one of the sites. A major function of these meetings is that representatives from all participating health facilities realize that they are part of a bigger Program and that they do not work in isolation.

Key roles of PharmAccess in its support to TPDF are:

- A To provide Technical Assistance in Program planning and implementation, with clinical, laboratory, M&E and other experts from PAI HQ and from PAI's Tanzania office

PAI staff for the Program are:

0.8 fte Country Director, MD, MPH and HIV/TB specialist

0.7 fte Program Director for overall co-ordination;

1 fte TPDF Project Manager

0.5 fte MD Quality Assurance

1 fte Project Manager

1 fte Officer Social Support and HIV Prevention

1 fte Officer Laboratory

1 fte M&E Officer,

1 fte administrator,

1 fte secretary

1 fte driver

Additional support is provided by the Operations Manager and the International Finance Department of PharmAccess, Netherlands. Expert staff of PharmAccess Netherlands provide Technical Assistance on prevention, clinical and laboratory matters on ad-hoc basis.

Overall quality assurance and quality control of the clinical, laboratory, administrative and support services, with support and supervision of Lugalo, other military hospitals, CHMTs/RHMTs and regional partner organizations.

Improving quality of services is accomplished through assessment and supportive supervision visits, on-site trainings by PAI, TPDF and other specialists and through the 3-monthly meetings with representatives of all the sites.

- B Major part of the quality improvement activities is to guarantee that all HIV/AIDS trainings, services and other Program activities are in accordance with the curricula and guidelines of the National HIV/AIDS Care and Treatment Program and that all TPDF health facilities collaborate closely with the Regional and Council Health Management Teams.
- C To channel donor funds. All payments for investments and trainings and other major expenses are done directly by the PAI office and, where needed the TPDF paymaster, following strict procedures regarding approval of activities by the Project Management Team, tender procedures and internal PAI procurement procedures.

All TPDF hospitals and health centres are provided with a revolving fund of TZS 1,500,000 (US\$1000) and TZS 1,000,000 (US\$ 667), respectively. TPDF HQ is provided with a revolving fund of TZS 2,000,000 (US\$ 1,333). These funds are meant for day-to-day expenses (e.g. office costs, transport costs and utilities related to HIV/AIDS activities). The funds are replenished after approved retirements.

6. BUDGET TPDF -PAI ACTIVITIES FY07

Total budget TPDF - PAI activities YEAR III (COP 2007/2008)

Activities	GL Code	Expenses	PEPFAR YR III Budget	Plus up Funds	EIPM	TOTAL Budget	TOTAL Expenditure	Budget Balance
			USD	USD	USD	USD	USD	USD
1. Prevention								
Activity A: Development and distribution of life skills and IEC materials								
P3.PVN.1	70800	Development, Kiswahili translation, printing of life skills, IEC and GBV materials including peer education modules by the TPDF Prevention Task Force	23,600	15,000		38,600	-	38,600
P3.PVN.2	70900	Condom distribution at 36 outlets	16,000			16,000	-	16,000
P3.PVN.9	70800	Sensitization on HIV/AIDS and GBV of 210 top commanders of the 5 Brigades, Air Defense and Navy		30,000		30,000	1,867	28,133
Activity C: Training								
P3.PVN.3	70800	(Re-) training for 24 TOTs on peer education	26,750			26,750	980	25,770
P3.PVN.4	70800	Training and permanent support of 480 peer educators	90,000			90,000	18,759	71,241
P3.PVN.10	70800	(Re-) training for 24 TOTs on GBV, integrated in the peer education trainings		25,000		25,000	4,382	20,618
P3.PVN.11	70800	Training of 240 peer educators, including GBV		40,000		40,000	-	40,000
P3.PVN.12	70800	Training of 24 TOTs on HIV/AIDS 'life-skills' including GBV, for recruits		25,000		25,000	-	25,000
P3.PVN.13	70800	Sensitization of 280 trainers on HIV/AIDS 'life-skills' including GBV		40,000		40,000	-	40,000
P3.PVN.14	70800	Training of 160 women from the barracks around the camps and health facilities to advocate HIV testing, home-based care. GBV is an integrated part of the training		30,000		30,000	-	30,000
Activity D: Implementation, TA and supportive supervision								
P3.PVN.5	70800	Organize open-house days dedicated to the HIV program in 8 hospitals. Information about the Program will be disseminated at these occasions	67,000			67,000	60,273	6,727
P3.PVN.6	70200	Travel costs	8,000			8,000	-	8,000
P3.PVN.7	70400	Technical Assistance by prevention experts from DOD, PAI and Partner Organizations for Quality Assurance purposes	10,000			10,000	-	10,000
P3.PVN.15	70800	KAP surveys for trainees		15,000		15,000	-	15,000
Activity E: Project Management								
P3.PVN.8	70100	Prevention Project Manager salary cost	9,450			9,450	15,965	(6,515)
Total cost Prevention (1)			250,800	220,000	0	470,800	\$102,226	\$368,574
2. Provider Initiated Testing and Counseling								
Activity A: Infrastructure (21 sites: 8 original sites, 6 satellite sites, 3 additional satellite sites, 2 mobile sites + 2 additional mobile sites)								
P3.PITC.1	70920	Refurbish 3 satellite sites for VCT purposes	30,000	90,000		120,000	269,584	(149,584)
P3.PITC.2	70900	Two (2) additional mobile centers for outreach services	70,000			70,000	-	70,000
Activity B: Commodity procurement								
P3.PITC.3	70900	Refrigerators, cabinets, furniture, coolboxes, lockable cabinets, tents and additional items for 3 satellite sites	9,000	45,000		54,000	49,494	4,506
P3.PITC.4	70900	Annual revolving purchases including HIV and STI testkits costs for 8 hospitals and 9 satellite sites	25,000	6,000		31,000	11,465	19,535
P3.PITC.5	70900	Procurement of PCs, Printers, UPS for 3 satellite + 2 additional mobile VCT sites	10,000	12,000		22,000	22,905	(905)
P3.PITC.6	70900	Office supplies	7,350	18,500		25,850	-	25,850
Activity C: Training								
P3.PITC.7	70800	(Re) Train 63 clinic staff in PITC	64,500	30,500		95,000	179,378	(84,378)
P3.PITC.15	70800	(Re) Train 40 clinic staff in VCT (4 weeks training)		60,000		60,000	191,491	(131,491)
P3.PITC.16	70800	Train 23 PLWHA on HIV/AIDS Counseling		20,000		20,000	-	20,000
P3.PITC.8	70800	Train 42 staff in data-entry and data-handling	25,000	6,000		31,000	8,670	22,330
Activity D: Implementation, TA and supportive supervision								
P3.PITC.9	70800	Relate military sites to nearby Military, Regional or District Hospitals for referral (Elisa testing when HIV tests are inconclusive and CD4 testing of HIV+ persons)	5,000			5,000	-	5,000
P3.PITC.17	70800	Remuneration for 23 PLWHA Counselors		14,400		14,400	-	14,400
P3.PITC.10	70800	Promotion materials and brochures	20,000			20,000	-	20,000
P3.PITC.11	70200	Travel costs, per diems for counselors & car maintenance for mobile sites	30,000			30,000	9,933	20,067
P3.PITC.12	70200	Travel costs site assessments	8,000	17,000		25,000	8,600	16,400
P3.PITC.13	70400	Technical Assistance by prevention experts from DOD, PAI and Partner Organizations for Quality Assurance purposes	10,000			10,000	-	10,000
Activity E: Project Management								
P3.PITC.14	70100	VCT Project Manager salary cost	12,950			12,950	40,338	(27,388)
Total cost VCT (2)			326,800	319,400	0	646,200	\$791,856	-\$145,656

Total budget TPDF - PAI activities YEAR III (COP 2007/2008)

Activities	GL Code	Expenses	PEPFAR YR III Budget	Plus Funds	EIPM	TOTAL Budget	TOTAL Expenditure	Budget Balance
			USD	USD	USD	USD	USD	USD
3. Prevention of Mother-To-Child Transmission								
Activity A: Infrastructure (17 sites: 8 original sites, 6 satellite sites + 3 additional satellite sites)								
P3.PMTCT.1	70920	Refurbish 3 satellite sites for PMTCT purposes	30,000			30,000	42,732	(12,732)
Activity B: Commodity procurement								
P3.PMTCT.2	70900	Refrigerators, cabinets, furniture, coolboxes, locakable cabinets, tents and additional items for 3 satellite sites	9,000			9,000	-	9,000
P3.PMTCT.3	70900	Annual revolving purchases for 17 PMTCT sites including HIV and STI testkits, safety gear and condoms	25,000			25,000	12,893	12,107
Activity C: Training								
P3.PMTCT.4	70800	(Re-) Train 51 medical officers, nurse counselors and midwives in PMTCT	50,000			50,000	40,812	9,188
Activity D: Implementation, TA and supportive supervision								
P3.PMTCT.5	70800	HBC services, home-visits, post-test clubs & social support activities	8,000			8,000	-	8,000
P3.PMTCT.6	70400	Technical Assistance by prevention experts from DOD, PAI and Partner Organizations for Quality Assurance purposes	10,000			10,000	-	10,000
Total cost PMTCT (3)			132,000	0	0	132,000	\$96,437	\$35,563
4. Care and Treatment Services								
Activity A: Infrastructure (17 sites: 8 original sites, 6 satellite sites + 3 additional satellite sites)								
P3.CT.1	70920	Refurbish 3 satellite sites for Care & Treatment purposes	90,000	80,000		170,000	155,203	14,797
P3.CT.2	70900	CD4 equipment for Tabora, Songea & Morogoro Hospital	120,000			120,000	123,591	(3,591)
Activity B: Commodity procurement								
P3.CT.20	70900	Procurement of fully automated Bio-chemistry equipment		40,000		40,000	136,563	(96,563)
P3.CT.21	70900	Procurement of safety cabinets and other laboratory equipment		70,000		70,000	35,497	34,503
P3.CT.3	70900	Refrigerators, cabinets, furniture, coolboxes, locakable cabinets, tents and additional items for 3 satellite sites	18,000	36,000		54,000	39,975	14,025
P3.CT.4	70900	Annual revolving purchases for 17 health facilities	42,000	12,000		54,000	6,367	47,633
P3.CT.5	70900	Annual revolving laboratory purchases for 17 health facilities + CD4 supplies for Mbeya, Mwanza, Tabora, Songea hospital	130,000			130,000	193,123	(63,123)
P3.CT.6	70900	Drugs for Opportunistic Infections: Cotrimoxazol, Prophylactic Fluconazol, Ciprofloxacin, Clarithromycin for 17 health facilities	90,000	3,600		93,600	26,778	66,822
P3.CT.7	70900	Infant feeding and other nutritional support	45,000			45,000	29,679	15,321
P3.CT.8	70900	Procurement of PCs, Printers, UPS for 3 satellite sites	6,000	12,000		18,000	5,679	12,321
P3.CT.9	70900	Office supplies and maintenance costs (IT, electricity, water, cleaning, repairs) - 17 sites	41,650	14,150		55,800	21,692	34,108
Activity C: Training								
P3.CT.10	70800	(Re-) Train 80 medical officers, nurse counselors, laboratory technicians, pharmacy assistants in Care & Treatment	99,750	10,250		110,000	235,766	(125,766)
P3.CT.11	70800	(Re-) Train 34 staff in data-entry and data-handling	25,000			25,000	18,570	6,430
P3.CT.12	70800	Training 80 volunteers for HBC and other support functions	60,000	15,000		75,000	-	75,000
Activity D: Implementation, TA and supportive supervision								
P3.CT.13	70800	HBC services, home-visits, establish post-test clubs and peer group support sessions for PLWHA	74,500			74,500	67,746	6,754
P3.CT.14	70920	Overtime allowance	80,000			80,000	52,071	27,929
P3.CT.15	70200	Travel costs site assessments	48,000	12,000		60,000	62,914	(2,914)
P3.CT.16	70400	Technical Assistance by prevention experts from DOD, PAI and Partner Organizations for Quality Assurance purposes	60,000			60,000	-	60,000
Activity E: Project Management								
P3.CT.17	70100	Laboratory specialist salary cost	15,400			15,400	26,167	(10,767)
P3.CT.18	70100	M&E officer salary cost	9,450			9,450	26,555	(17,105)
P3.CT.19	70100	Social Support Officer salary cost	9,450			9,450	-	9,450
Total cost ARV Services (4)			1,064,200	305,000	0	1,369,200	\$1,263,937	\$105,263
5. TB and ARV								
Activity A: Commodity procurement								
P3.TB.1	70900	Procurement of laboratory diagnostic equipment and reagents for TB	45,000			45,000	-	45,000
Activity B: Training								
P3.TB.2	70800	Train 48 medical officers, nurse counselors, laboratory technicians and pharmacy assistants on HIV/AIDS and TB screening and treatment, according to the guidelines of the NACP TB Unit and the National TB and Leprosy Programme (NTLP)	65,000			65,000	12,357	52,643
P3.TB.3	70800	Train 18 medical officers & nurse counselors of the satellite sites on TB diagnosis and referral	23,000			23,000	-	23,000
Activity C: Implementation, TA and supportive supervision								
P3.TB.4	70400	Technical Assistance by prevention experts from DOD, PAI and Partner Organizations for Quality Assurance purposes	25,000			25,000	-	25,000
Total cost TB and ARV (6)			158,000	0	0	158,000	\$12,357	\$145,643
Total costs			1,931,800	844,400	0	2,776,200	\$2,266,813	\$509,387
			76%					